FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA
cfoley@foleyandassociates.com

John P. Kniery
jkniery@foleyandassociates.com

HAND DELIVERED

December 12, 2017

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Project No. 17-035, Manor Court of Rochelle

Dear Ms. Avery:

Please accept the enclosed support letter from Jerry D. Gilmore for the above referenced project.

If you have any questions, please don't hesitate to contact me.

Sincerely,

John P. Kniery
Health Care Consultant

JPK/kah

ENCLOSURE(s)

Health Care Consulting
133 South Fourth Street, Suite 200 • Springfield, IL 62701
Office: 217/544-1551
foley@foleyandassociates.com
Fax: 217/544-3615

Jerry D. Gilmore
909 South Center Street
Geneseo, IL 61254-1846

December 5, 2017

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Certificate of Need Application # 17-035
Manor Court of Rochelle

Dear Ms. Avery:

I am writing to support Residential Alternative of Illinois's (hereafter known as RAI) above referenced proposal to establish a 92 general long-term care beds in Rochelle, Southeastern Ogle County. The beds compliment will be for 70 general Long-Term nursing care and 22 specialized memory care beds.

I am a retired from the Illinois Department of Corrections after 28 years of service and among other services, I currently serve on the Not-for-Profit Board of Unlimited Development, Inc. (UDI). UDI owns and/or operates 12 long-term care campuses in Southern and Central Illinois. In my tenure at the Department and in my practical experience with UDI, there is such a need for general and specialized memory care beds separately from nursing facilities serving those with diagnosis of Mentally Ill. The mentally ill in need of nursing care are typically younger, less fragile and more ambulatory. This is not a good fit with Long-term care residents who need programming designed around their physical, emotional and health care needs. Memory care for general geriatric residents need programming that is even more enhanced and specialized. This is also the case with serving an residents who have significant mental health issues. Their programming must also be specialized with specially trained staff. Staffing, training and programming is so vastly different between serving these three populations. That being said, serving a general geriatric nursing resident and a general geriatric nursing resident with memory issues can be more easily done in the same facility with a dedicated and specifically designed memory care unit. It is my understanding that any nursing facility can admit a mentally ill resident or one with dementia, but is that really the best care that will provide quality of life for all residents. Our organization has experienced improved quality of

life, prolonged maintenance of good health and more positive responses from families when specialized programs and therapy are provided to those in need of memory care in a specific and specialized home.

In looking at the proposed Rochelle project, I can concur with the Applicant that it is not the preferred health care delivery method to comingle residents; that is, mixing nursing residents with residents who have memory care needs or residents with mental illness needs. Residents who are generally frail as compared to those who's medical needs are overshadowed by their mental illness, and those generally frail who need specific memory care. In Rochelle, one of the two facilities appears to cater entirely to an mentally ill (self reported) and has no Medicare beds (also self reported). In my experience with represents an access issue as these beds are not generally accessible to a geriatric resident in need of long-term care or rehab services nor the general geriatric resident in need of specialized memory care.

I fully endorse the proposed project. The health delivery system for all including long-term care has changed drastically even in the last five years. While many older facilities provide quality care, that quality is hampered by lack of adequate space; space for therapy, space for socializing and even for privacy. It is interesting to note that the two nursing facilities in Rochelle have a combined average of only 271.5 square feet per bed whereas it is my understanding the proposed project will have 691 square feet per bed. RAI's project is building to the needs of the Rochelle Community both in terms of general and specialized care.

Thank you for giving RAI's certificate of need every consideration and look forward to seeing this project come to fruition.

Sincerely,

Jerry D. Gilmore